Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/05/2014	Address:	909 Berlington Ave.
Incident #:	14ISPC000964		Logansport, IN 46947
County:	Cass		20 Sansport, 114 40347
Type of Lab	oratory Seizure (check one)	Seizure Location	check all that apply)
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		□ Residence □ Outbuilding □ Vehicle	Hotel/Motel Open – No Structure Other:
(check all that	: Location (bedroom, kitchen, open air, apply) r Birch Reaction(s): Garage		
	horous/Iodine Reaction(s):		
	ric Acid Gas Generator(s): Garage		
	Solvents:		
☐ Water Rea	ctive Metal (Lithium):		
	Ammonia:		
	Acid: Garage		
Corrosive 1	Base:		
Other (item	and location):		
Vehicle Inform			
Owner: VIN: Year:		Make: Model:	
No Children no or visit often	t present but evidence they reside	⊠ unclean Estimated leng occurring: <u>Unk</u> Additional Info	ormation:
This report has	s been faxed* or emailed to the follo	owing agencies that	serve the location:
Fire Departmen Health Departm Department of (t City, Township or County <u>Loganspo</u> ent County: <u>Cass County</u> Child Services Hotline: <u>dcshotlinerep</u> o	ort Fire. Fax: <u>E-mailec</u> orts@dcs.in.gov Fax:	Fax: <u>E-mailed</u> <u>1</u> 317-234-7595 or 317-234-7596
For further inform Investigating Offi	nation regarding this methamphetamicer: Wendell Beachy Phone	ne laboratory, contact 765-473-6666	;

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of